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## BIB DATA SHEET

CONFIRMATION NO. 8499

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/537,874	06/07/2005	435	4114	US020572US		
<b>RULE</b>						
<b>APPLICANTS</b> Yasser H Alsafadi, Yorktown Heights, NY; Larry J Eshelman, Ossining, NY; Xinxin Zhu, Croton-On-Hudson, NY; Amr F Yassin, Ossining, NY; Doug Sluis, W Mukilteo, WA;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB03/05801 12/03/2003 which claims benefit of 60/435,235 12/20/2002						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/13/2006						
Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	NY	3	20	3
Verified and Acknowledged	/JOHN A PAULS/ Examiner's Signature					
<b>ADDRESS</b>						
PHILIPS INTELLECTUAL PROPERTY & STANDARDS P.O. BOX 3001 BRIARCLIFF MANOR, NY 10510 UNITED STATES						
<b>TITLE</b>						
Method for determining normal measurements for a patient						
<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
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